County: Waukesha CONGREGATIONAL HOME 3150 LILLY ROAD

Ownership:
Highest Level License:
Operate in Conjunction with CBRF?
Title 18 (Medicare) Certified?
Average Daily Census:

Non-Profit Church Related Skilled Yes No 62

Services Provided to Non-Residents	Age, Sex, and Primary Diagn	Length of Stay (12/31/00)	%				
Home Health Care Supp. Home Care-Personal Care	No No	Primary Diagnosis	% 	Age Groups	% 	Less Than 1 Year 1 - 4 Years	46. 3 38. 8
Supp. Home Care-Household Services	No	Developmental Disabilities	0. 0	Under 65	0. 0	More Than 4 Years	14. 9
Day Servi ces	No	Mental'Illness (Org./Psy)	25. 4	65 - 74	3. 0		
Respite Care	Yes	Mental Illness (Other)	3. 0	75 - 84	23. 9		100. 0
Adult Day Care	No	Alcohol & Other Drug Abuse	0.0	85 - 94	50. 7	*************	*****
Adult Day Health Care	No	Para-, Quadra-, Hemi plegic	0.0	95 & 0ver	22. 4	Full-Time Equivaler	nt
Congregate Meals	No	Cancer	4. 5			Nursing Staff per 100 R	esi dents
Home Delivered Meals	Yes	Fractures	13. 4		100. 0	(12/31/00)	
Other Meals	No	Cardi ovascul ar	23. 9	65 & 0ver	100. 0		
Transportation	No	Cerebrovascul ar	3. 0			RNs	23. 4
Referral Service	No	Di abetes	1.5	Sex	%	LPNs	1.8
Other Services	No	Respi ratory	4. 5			Nursing Assistants	
Provi de Day Programming for		Other Medical Conditions	20. 9	Male	26. 9	Aides & Orderlies	60. 1
Mentally Ill	No			Female	73. 1		
Provi de Day Programming for	l		100. 0				
Developmentally Disabled	No				100. 0		
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Method of Reimbursement

	Medicare (Title 18)			Medicaid (Title 19)						Private Pay				d Care	m . 1	Percent	
Lavel of Come	N.o.	0/	Per Diem		0/	Per Di er		0/	Per Die		0/	Per Dien			Per Diem		Of All
Level of Care	No.	%	Rate	No.	%	Rate	No.	%	Rate	No	. %	Rate	No.	%	Rate	No.	Resi dents
Int. Skilled Care	0	0. 0	\$0. 00	0	0. 0	\$0.00	0	0. 0	\$0.00	0	0. 0	\$0.00	0	0. 0	\$0.00	0	0. 0%
Skilled Care	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	67	100.0	\$176.00	0	0.0	\$0.00	67	100.0%
Intermedi ate				0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0%
Limited Care				0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0%
Personal Care				0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0%
Residential Care				0	0.0	\$0. 00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0. 00	0	0.0%
Dev. Di sabl ed				0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0%
Traumatic Brain Inj		0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0%
Ventilator-Depender	nt 0	0.0	\$0. 00	0	0.0	\$0. 00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0. 00	0	0.0%
Total	0	0.0		0	0.0		0	0.0		67	100.0		0	0.0		67	100.0%

Admissions, Discharges, and Percent Distribution of Residents' Conditions, Services, and Activities as of 12/31/00 Deaths During Reporting Period % Needi ng Total Assistance of Percent Admissions from: Activities of % Totally Number of Private Home/No Home Health 6. 1 Daily Living (ADL) Independent One Or Two Staff Dependent Resi dents Private Home/With Home Health 0.0 Bathi ng 1.5 77.6 20. 9 67 Other Nursing Homes 20. 4 Dressi ng 3. 0 77.6 19. 4 67 Acute Care Hospitals
Psych. Hosp. - MR/DD Facilities
Rehabilitation Hospitals Transferring 23. 9 67 40.8 13.4 62. 7 23.9 67 0.0 Toilet Use 10.4 65. 7 0.0 Eating 32.8 52. 2 14. 9 67 Other Locations 32.7 ****** Total Number of Admissions 49 Continence Special Treatments Receiving Respiratory Care
Receiving Tracheostomy Care
Receiving Suctioning
Receiving Ostomy Care Percent Discharges To: Indwelling Or External Catheter 6.0 13.4 Private Home/No Home Health 15.0 Occ/Freq. Incontinent of Bladder 76. 1 0.0 Private Home/With Home Health 2. 5 Occ/Freq. Incontinent of Bowel **56**. 7 0.0 Other Nursing Homes 2. 5 0.0 Acute Care Hospitals
Psych. Hosp. - MR/DD Facilities
Rehabilitation Hospitals Receiving Tube Feeding Receiving Mechanically Altered Diets 2.5 Mobility 0.0 Physically Restrained 0.0 11.9 35.8 0.0 Other Locations 20.0 Skin Care Other Resident Characteristics 4. 5 Deaths 57.5 With Pressure Sores Have Advance Directives 100.0 Total Number of Discharges With Rashes 10.4 Medi cati ons Receiving Psychoactive Drugs (Including Deaths)

Selected Statistics: This Facility Compared to All Similar Milwaukee Metropolitan Area Facilities & Compared to All Facilities

		Ownershi p: Thi s Nonprofi t		Bed	Si ze:	Li ce	ensure:		
	Thi s			50	- 99	Ski l	led	Al l	
	Facility	Group				Group		ities	
	%	%	Ratio	%	Ratio	%	Ratio	%	Ratio
Occupancy Rate: Average Daily Census/Licensed Beds	70. 5	91. 5	0.77	86. 1	0. 82	81. 9	0. 86	84. 5	0. 83
Current Residents from In-County	67. 2	87. 4	0. 77	90. 2	0. 74	85. 6	0. 78	77. 5	0.87
Admissions from In-County, Still Residing	49. 0	27. 5	1. 78	22. 1	2. 22	23. 4	2.09	21. 5	2. 28
Admi ssi ons/Average Daily Census	79. 0	115. 2	0. 69	168. 8	0.47	138. 2	0. 57	124. 3	0.64
Discharges/Average Daily Census	64. 5	118. 5	0. 54	169. 2	0. 38	139. 8	0.46	126. 1	0.51
Discharges To Private Residence/Average Daily Census	11. 3	35. 5	0. 32	70. 9	0. 16	48. 1	0. 23	49. 9	0. 23
Residents Receiving Skilled Care	100	89. 5	1. 12	93. 2	1.07	89. 7	1. 11	83. 3	1. 20
Residents Aged 65 and Older	100	96. 9	1. 03	93. 4	1.07	92. 1	1.09	87. 7	1. 14
Title 19 (Médicaid) Funded Residents	0.0	57. 6	0.00	51. 5	0.00	65. 5	0.00	69. 0	0.00
Private Pay Funded Residents	100	35. 4	2. 82	36. 3	2.75	24. 5	4. 09	22. 6	4. 43
Developmentally Disabled Residents	0. 0	0. 4	0.00	0.4	0.00	0. 9	0.00	7. 6	0.00
Mentally Ill Résidents	28. 4	30.8	0. 92	33. 0	0.86	31. 5	0. 90	33. 3	0.85
General Medical Service Residents	20. 9	24. 9	0.84	24. 2	0.86	21. 6	0. 97	18. 4	1. 13
Impaired ADL (Mean)	54 . 3	50. 5	1.08	48. 8	1. 11	50. 5	1.08	49. 4	1. 10
Psychological Problems	62. 7	45. 5	1. 38	47. 7	1. 31	49. 2	1. 27	50. 1	1. 25
Nursing Care Required (Mean)	8. 0	6. 6	1. 22	7. 3	1. 10	7. 0	1. 14	7. 2	1.12